		Dock	ket Number
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			050.513USPC
FY 2005			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/516.424			d November 29, 2004
For METHOD FOR RECORDING DATA IN OPTICAL RECORDING MEDIUM.			
RECORDING DATA IN OPTICAL RECORDING MEDIUM AND OPTICAL RECORDING MEDIUM			
Art Unit 2627			miner Thi Nguyen
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
iee below).	Fee	Small Entity F	ee
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge the above fees, or credit any overpayment,			
to Deposit Account Number 19-1090.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration No. <u>45,866</u>			
attomey or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
Royalath		Augus	st 3, 2007
Signature	-	Date	
Raymond W. Armentrout		206-622-4900	
Typed or printed name		Telephone Number	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SINIT of: Commissioner for Patients, P.O. Sot. 1480, Meannifu, Va 22313-1446.

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